

1806 **CERTIFICATE OF DEATH**

01792

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN KITZMILLER		17 Yrs.		TOWN KITZMILLER			
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILLOW STREET				STREET ADDRESS (If rural give location) E STREET			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
GLENN -- BARTON				FEB. 25, 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
MALE	WHITE	MARRIED	OCT. 30, 1905	50	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Station Agent			W.M.D. Railroad		Sutton, W.Va.		U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
CHARLES LESLIE BARTON, SR.				VIRGINIA CAROLINE HOOVER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
NO		705-03-6110		MRS. ALMA BARTON, KITZMILLER, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						15. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A)						INTERVAL BETWEEN ONSET AND DEATH	
ACUTE CORONARY THROMBOSIS						Death immediately	
ANTECEDENT CAUSE(S) DUE TO						3 mos.	
CORONARY HEART DISEASE						6 mos.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO							
16. HYPERTENSION							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 25, 1956, to Feb. 25, 1956, that I last saw the deceased alive on Feb. 25, 1956, and that death occurred at 2:45 PM, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
Ralph Calabrese				Kitzmiller, Md.		Feb. 25-56	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		2/28/56		I.O.O.F. CEMETERY		EIK GARDEN, MINERAL CO. W.Va	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE FEB. 27/56		Cliff Parrish		Otha H. Sharkey		Blaine, W.Va	

INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01793

Reg. Dist. No. 171

1897

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Grantsville, Md.</u>		Life		TOWN <u>Grantsville, Md.</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>ETHEL</u> (Middle) <u>BROADWATER</u> (Last)				Feb. <u>11</u> 19 <u>56</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Female	white	Single	July, 10, 1885	70 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housekeeper</u>		<u>own home</u>		<u>Grantsville, Md.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>James S. Broadwater</u>				<u>Marian Frost</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>218-24-8226</u>		<u>Miss Viola Broadwater, Grantsville</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
420.0 IMMEDIATE CAUSE (A) <u>acute myocardial infarction</u>						2 min.	
ANTECEDENT CAUSE(S) DUE TO (B) <u>arteriosclerotic heart disease</u>						25 years	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Generalized arteriosclerosis</u>						25 years	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
<u>None</u>							
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1, 1956</u> , to <u>Feb 11, 1956</u> , that I last saw the deceased alive on <u>Feb 11, 1956</u> , and that death occurred at <u>10:11 A.M.</u> from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>G. Paige Strong</u> M.D.		<u>Salisbury, Penna</u>		<u>Feb 12, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)		(State)	
<u>Burial</u>	<u>2/14/56</u>	<u>Grantsville</u>		<u>Grantsville, Garrett Co. Md.</u>			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			
DATE <u>Feb. 13, 1956</u>	<u>J. B. Emery</u>	<u>Donald J. Newman</u>		<u>Grantsville, Md.</u>			

CERTIFICATE OF DEATH

1. Name of deceased (Print or write full name)

2. Sex

3. Age

4. Date of birth

5. Place of birth

6. Usual residence

7. Date of death

8. Time of death

9. Cause of death

10. Place of death

11. Signature of physician

12. Signature of registrar

13. Signature of informant

14. Signature of witness

15. Signature of funeral director

16. Signature of undertaker

17. Signature of cemetery

18. Signature of burial place

19. Signature of interment

20. Signature of record

21. Signature of file

22. Signature of index

23. Signature of distribution

24. Signature of return

25. Signature of certificate

26. Signature of record

27. Signature of file

28. Signature of index

29. Signature of distribution

30. Signature of return

31. Signature of certificate

32. Signature of record

33. Signature of file

34. Signature of index

35. Signature of distribution

BUREAU V. 2

FEB 16 1956

RECEIVED

80 2/16/56

2/16/56

DEPARTMENT OF HEALTH

TO THE BOARD OF HEALTH

TO THE BOARD OF HEALTH

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1808

CERTIFICATE OF DEATH

01794

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MARYLAND		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN OAKLAND		11 days		TOWN CRELLIN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) ERVIN		(Middle) TRENTON		(Last) FIKE			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH SEPT. 14, 1902	9. AGE last birthday 53 yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
					Months 9	Days 12	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAIL CARRIER & MINISTER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) EGLON, WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME FIKE, AMELUIS				14. MOTHER'S MAIDEN NAME BITTINGER, MARY			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Mrs. Lucy Virginia Fike, Crellin, Md.		
18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				19. MEDICAL CERTIFICATION			
420.1 IMMEDIATE CAUSE (A) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 11 Days			
ANTECEDENT CAUSE(S) DUE TO (B) Coronary heart disease				1 year			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21a. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Feb. 26, 1956 to Feb. 27, 1956, that I last saw the deceased alive on Feb. 26, 1956, and that death occurred at 10:50 AM, from the causes and on the date stated above.							
SIGNATURE A. R. Mance				DATE SIGNED Feb. 27, 1956			
ADDRESS (Street, city, town, state) Oakland, Md.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal & Burial		DATE THEREOF Feb. 29, 1956		NAME OF CEMETERY OR CREMATORY Egdon Cemetery		LOCATION (City, town, or county) (State) Egdon, West Virginia.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE 2/29/56		Julia A. Rowan		P. R. Watson, Terra Alta, W. Va.			

CERTIFICATE OF DEATH

DEPT. OF HEALTH

LOCAL HEALTH OFFICE (Name of District)

NAME OF DECEASED (Print Name)

AGE (Years and Months)

SEX (Male or Female)

RACE (Print Name)

DATE OF DEATH (Month, Day, Year)

TIME OF DEATH (Hour, Minute)

PLACE OF DEATH (City, State, Country)

CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

PERMANENT CAUSE OF DEATH (Print Name)

DATE OF DEATH (Month, Day, Year)

TIME OF DEATH (Hour, Minute)

PLACE OF DEATH (City, State, Country)

CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

PERMANENT CAUSE OF DEATH (Print Name)

DATE OF DEATH (Month, Day, Year)

TIME OF DEATH (Hour, Minute)

PLACE OF DEATH (City, State, Country)

CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

PERMANENT CAUSE OF DEATH (Print Name)

DATE OF DEATH (Month, Day, Year)

TIME OF DEATH (Hour, Minute)

PLACE OF DEATH (City, State, Country)

CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

PERMANENT CAUSE OF DEATH (Print Name)

DATE OF DEATH (Month, Day, Year)

TIME OF DEATH (Hour, Minute)

PLACE OF DEATH (City, State, Country)

CAUSE OF DEATH (Print Name)

IMMEDIATE CAUSE OF DEATH (Print Name)

UNDERLYING CAUSE OF DEATH (Print Name)

PERMANENT CAUSE OF DEATH (Print Name)

DATE OF DEATH (Month, Day, Year)

TIME OF DEATH (Hour, Minute)

PLACE OF DEATH (City, State, Country)

BUREAU V. S.

MAR 7 1955

RECEIVED

Remove to Bureau of Health Statistics

U. S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE

ENCLOSURE

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1809

CERTIFICATE OF DEATH

01795

166

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>GARRETT</u>	<u>MD</u> STATE <u>MD</u> COUNTY <u>GARRETT</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>DEER PARK MD</u>	LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
<u>MANILA B FRIEND</u>		<u>FEB-13 1956</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<u>FEMALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>MARCH-9-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
<u>HOUSEWIFE</u>			<u>FAIRFAX, W.VA.</u>
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
<u>TRUMAN DPOLE</u>		<u>GRACIE TURNER</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
			<u>CLAUDE FRIEND DEER PARK MD</u>
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			18. MEDICAL CERTIFICATION
IMMEDIATE CAUSE (A) <u>Arterio-sclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u>
260X ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST. DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
<u>Diabetes mellitus</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb. 12, 1956</u> , to <u>Feb. 13, 1956</u> , that I last saw the deceased alive on <u>Feb. 12, 1956</u> , and that death occurred at <u>1 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Joseph Alvarez</u>		ADDRESS (Street, city, town, state) <u>M.D. 101 1/2 8th St Oakland MD</u>	
DATE <u>2/14/56</u>		DATE SIGNED <u>February 13, 1956</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>BURIAL</u>	<u>FEB-14-1956</u>	<u>DEER PARK CEMETERY</u>	<u>DEER PARK MD</u>
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
	<u>Julia C. Rowan</u>	<u>Emory Bolden</u>	<u>OAKLAND</u>

CERTIFICATE OF DEATH

1900

111

A. NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

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DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

CAUSE OF DEATH

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

BUREAU V. S.

MAR 7 1956

RECEIVED

2/14/26 Berlin CR 1000019

EXHIBITION

1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G194 3-20-56 et

017966 6

1810
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY GARRETT MD MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MD b. COUNTY GARRETT.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND MD.	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MD		d. STREET ADDRESS 1	
3. NAME OF DECEASED (Type or print) OSCAR First FRIEND Middle Last		4. DATE OF DEATH FEB - 22 19 56 Month Day Year	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH-6-1867 88 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) DEER PARK.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME SAMUEL FRIEND		14. MOTHER'S MAIDEN NAME IDA RIDINGS.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT TONY SMITH Address WARREN OHIO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION 420.0 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ARTERIAL SCLEROSIS DUE TO (c) ISCHEMIC HEART DISEASE		INTERVAL BETWEEN ONSET AND DEATH 15 mins YEARS YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from 1-15 , 19 56 , to 2-21 , 19 56 , that I last saw the deceased alive on 2-21 , 19 56 , and that death occurred at 2 A. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 58 2nd St OAKLAND MD. 2.27.56 ACTUAL SIGNATURE James H. Feaster Jr. M.D. PHYSICIAN'S NAME (Type) JAMES H. FEASTER, JR., M. D.			
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22b. DATE THEREOF FEB-25-1956	
22c. NAME OF CEMETERY OR CREMATORY GEORGE E CEMETERY		22d. LOCATION (City, town, or county) (State) SWANTON MD.	
23. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		24a. REC'D BY REGISTRAR 2/25/56 DATE 24b. REGISTRAR'S SIGNATURE John P. Rowan JR	

166

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

CERTIFICATE OF DEATH

Form with multiple sections for death certificate, including fields for name, date, and cause of death. The text is mostly illegible due to blurring and bleed-through.

BUREAU V. S.

MAR 7 1956

RECEIVED
3/5/56
BUREAU V. S.

1811

CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH o. COUNTY Garrett MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md. b. COUNTY Garrett		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Accident, Md.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accident, Md. X		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION do			d. STREET ADDRESS /		
3. NAME OF DECEASED (Type or print) First KATHARINE Middle SUSANNA Last HAENFTLING			4. DATE OF DEATH Month Feb. Day 24 Year 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 3 1878		9. AGE (In years last birthday) yrs. 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Accident, Md.	
13. FATHER'S NAME Leonard Burkhort			14. MOTHER'S MAIDEN NAME Magdelene Gruber		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none		16. SOCIAL SECURITY NO. none		17. INFORMANT Earl Haenftling, Accident, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease 422.1 DUE TO disease Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Senile Degeneration & Psychosis					INTERVAL BETWEEN ONSET AND DEATH years
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)		(County)		(State)	
21. I certify that I attended the deceased from 5/9/55 , 19 55 , to 1/7 , 19 56 , that I last saw the deceased alive on 1/7 , 19 56 , and that death occurred at 11:15 AM , from the causes and on the date stated above.					
ACTUAL SIGNATURE Thomas J. Gush M.D.			ADDRESS (Street, city or town, State) Cabland Md DATE SIGNED 2/25/56		
PHYSICIAN'S NAME (Type) THOMAS F. LUSBY MD					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 2/27/56		22c. NAME OF CEMETERY OR CREMATORY Zion Lutheran	
22d. LOCATION (City, town, or county) Accident, Garrett Co., Md.		(State)			
23. FUNERAL DIRECTOR'S SIGNATURE Ronald Newman			ADDRESS Grantsville, Md.		24a. REC'D BY REGISTRAR DATE Feb 25, 1956
24b. REGISTRAR'S SIGNATURE J.B. Emory			R.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. 8

1956 FEB 29

RECEIVED

1812

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY GARRETT MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE WEST VIRGINIA b. COUNTY PRESTON			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND				c. LENGTH OF STAY IN 1b 3 weeks			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Garrett County Memorial Hospital				e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JAMES Middle CLINTON Last HOLLIS, SR.				4. DATE OF DEATH Month FEBRUARY Day 20 Year 1956			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 11, 1881		9. AGE (In years last birthday) 75 yrs.		IF UNDER 1 YEAR Months 0 Days 9 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman & Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm and Lumber		11. BIRTHPLACE (State or foreign country) TERRA ALTA, W.VA.	
12. CITIZEN OF WHAT COUNTRY? U S A							
13. FATHER'S NAME WILLIAM H. HOLLIS				14. MOTHER'S MAIDEN NAME ELIZABETH MOORE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 234-36-7023		17. INFORMANT J.C. HOLLIS, JR. Address TERRA ALTA, W.VA.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE 422.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) ARTERIOSCLEROTIC CARDIO- DUE TO (c) VASCULAR DISEASE						INTERVAL BETWEEN ONSET AND DEATH 3 DAYS YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) UREMIA -						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 	
20f. (City or town) 				20g. (County) 		20h. (State) 	
21. I certify that I attended the deceased from 2-3 , 19 56 , to 2-20 , 19 56 , that I last saw the deceased alive on 2-20 , 19 56 , and that death occurred at 9:00 P.M. , from the causes and on the date stated above.							
ACTUAL SIGNATURE Thomas F. Lusby				M.D. THOMAS F. LUSBY		DATE SIGNED 2/20/56	
PHYSICIAN'S NAME (Type) OAKLAND, MARYLAND							
22a. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial		22b. DATE THEREOF 2/23/56		22c. NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery		22d. LOCATION (City, town, or county) (State) Terra Alta, West Virginia	
23. FUNERAL DIRECTOR'S SIGNATURE William G. Galloway				ADDRESS Terra Alta W. Va		24a. REC'D BY REGISTRAR 2/23/56	
						24b. REGISTRAR'S SIGNATURE Julius Rowan	

MEDICAL CERTIFICATION

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1819

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. OCCUPATION		6. PLACE OF BIRTH		7. DATE OF DEATH		8. TIME OF DEATH		9. PLACE OF DEATH		10. CAUSE OF DEATH		11. MANNER OF DEATH		12. SIGNATURE OF PHYSICIAN		13. SIGNATURE OF REGISTRAR		14. SIGNATURE OF WITNESSES		15. SIGNATURE OF DECEASED		16. SIGNATURE OF NEXT OF KIN		17. SIGNATURE OF CLERGYMAN		18. SIGNATURE OF BURIAL OFFICER		19. SIGNATURE OF FUNERAL HOME		20. SIGNATURE OF OTHER	

BUREAU V. 3

FEB 29 1956

RECEIVED

0/53/22

S/S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 166

04061 Dist.

1. PLACE OF DEATH:

COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Accident LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garrett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Accident Maryland
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED:
(Type or Print)

(First) HARRY (Middle) LUTHER (Last) KAMP

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1956

5. SEX:

male white

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH:

Mar. 24, 1899

9. AGE last birthday:

56 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

Farm work

11. BIRTHPLACE (State or foreign country):

Accident, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

Henry Kamp

14. MOTHER'S MAIDEN NAME:

Martha Stark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

219-14-5271

17. INFORMANT & ADDRESS:

Mrs. Rose Kamp, Accident R.D. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause

(a) CORONARY OCCLUSION

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

INTERVAL BETWEEN ONSET AND DEATH

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

R. A. Bannister

CHIEF MEDICAL EXAMINER ☐ DATE SIGNED 2/27/56
DEPUTY MEDICAL EXAMINER ☐
M. D. ASSISTANT MEDICAL EXAM. ☐

23. BURIAL, CREMATION, REMOVAL (Specify):

Burial

DATE THEREOF

2/29/56

NAME OF CEMETERY OR CREMATORY

German Lutheran

LOCATION (City, town, or county) (State)

Cove, Garrett Co., Md.

DATE REC'D BY LOCAL

2/29/56

REGISTRAR'S SIGNATURE

Julia L. Brown

24. FUNERAL DIRECTOR

Ronald Newman

ADDRESS

Grantville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

APR 9 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01799

1813

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>		STATE <u>MARYLAND</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)	
TOWN <u>OAKLAND</u>				TOWN <u>OAKLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT CO. MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>55 PENNINGTON STREET</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>ARTHUR</u> <u>LAWTON</u>				<u>FEBRUARY 7</u> <u>1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>MALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>JANUARY 4, 1882</u>	<u>74</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>CITY CLERK</u>				<u>MARYLAND</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>LAWTON, SAMUEL</u>				14. MOTHER'S MAIDEN NAME <u>HARNE, SUSAN</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>218-05-3506</u>		<u>SON, KENNETH LAWTON, OAKLAND, MARYLAND</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>540.0 Hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>30 hrs</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Peptic ulcer</u>						<u>6 mos.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 7</u> , 19 <u>56</u> , to <u>Feb 7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Feb 16</u> , 19 <u>56</u> , and that death occurred at <u>7:45</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>E. E. Mauer M.D.</u>				ADDRESS (Street, city, town, state) <u>Oakland Md.</u>		DATE SIGNED <u>8 Sept 56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>FEB-9-1956</u>		<u>OAKLAND CEMETERY</u>		<u>OAKLAND M.D.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>2/9/56</u>		<u>John A. Roman</u>		<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	

RECEIVED

FEB 16 1956

BUREAU V. 2

1. PLACE OF BIRTH		2. PLACE OF DEATH	
3. DATE OF BIRTH		4. DATE OF DEATH	
5. SEX		6. RACE	
7. MARITAL STATUS		8. OCCUPATION	
9. EDUCATION		10. RELIGION	
11. SOCIAL CLASS		12. CAUSE OF DEATH	
13. MEDICAL HISTORY		14. POST-MORTEM EXAMINATION	
15. OTHER INFORMATION		16. SIGNATURE OF PHYSICIAN	
17. SIGNATURE OF WITNESS		18. SIGNATURE OF DEATH CERTIFICATE	
19. SIGNATURE OF DEATH CERTIFICATE		20. SIGNATURE OF DEATH CERTIFICATE	
21. SIGNATURE OF DEATH CERTIFICATE		22. SIGNATURE OF DEATH CERTIFICATE	
23. SIGNATURE OF DEATH CERTIFICATE		24. SIGNATURE OF DEATH CERTIFICATE	
25. SIGNATURE OF DEATH CERTIFICATE		26. SIGNATURE OF DEATH CERTIFICATE	
27. SIGNATURE OF DEATH CERTIFICATE		28. SIGNATURE OF DEATH CERTIFICATE	
29. SIGNATURE OF DEATH CERTIFICATE		30. SIGNATURE OF DEATH CERTIFICATE	
31. SIGNATURE OF DEATH CERTIFICATE		32. SIGNATURE OF DEATH CERTIFICATE	
33. SIGNATURE OF DEATH CERTIFICATE		34. SIGNATURE OF DEATH CERTIFICATE	
35. SIGNATURE OF DEATH CERTIFICATE		36. SIGNATURE OF DEATH CERTIFICATE	
37. SIGNATURE OF DEATH CERTIFICATE		38. SIGNATURE OF DEATH CERTIFICATE	
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47. SIGNATURE OF DEATH CERTIFICATE		48. SIGNATURE OF DEATH CERTIFICATE	
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51. SIGNATURE OF DEATH CERTIFICATE		52. SIGNATURE OF DEATH CERTIFICATE	
53. SIGNATURE OF DEATH CERTIFICATE		54. SIGNATURE OF DEATH CERTIFICATE	
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87. SIGNATURE OF DEATH CERTIFICATE		88. SIGNATURE OF DEATH CERTIFICATE	
89. SIGNATURE OF DEATH CERTIFICATE		90. SIGNATURE OF DEATH CERTIFICATE	
91. SIGNATURE OF DEATH CERTIFICATE		92. SIGNATURE OF DEATH CERTIFICATE	
93. SIGNATURE OF DEATH CERTIFICATE		94. SIGNATURE OF DEATH CERTIFICATE	
95. SIGNATURE OF DEATH CERTIFICATE		96. SIGNATURE OF DEATH CERTIFICATE	
97. SIGNATURE OF DEATH CERTIFICATE		98. SIGNATURE OF DEATH CERTIFICATE	
99. SIGNATURE OF DEATH CERTIFICATE		100. SIGNATURE OF DEATH CERTIFICATE	

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE 16

1956

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1814 CERTIFICATE OF DEATH

01800

166

Item 9, Film GL92 2-21-56 et

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Oakland</u>		<u>2 days</u>		TOWN <u>Mt. Lake Park</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>P. O. Box 98</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Joseph</u> (Middle) <u>Earl</u> (Last) <u>Likens</u>				(Month) <u>Feb.</u> (Day) <u>4</u> (Year) <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>7-2-05</u>	9. AGE last birthday <u>50</u> <u>51</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
13. FATHER'S NAME <u>Henry Likens</u>				14. MOTHER'S MAIDEN NAME <u>Laura Kight</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. <u>232-01-1462</u>		17. INFORMANT & ADDRESS <u>Mt. Lake Flossie Likens, P.O. Box 98, Park, Md.</u>			
		(If Yes, give war or dates of service)					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>Septicemia (T.C.M.)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>17052h</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Acute Hepatitis</u>						<u>20052h</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from <u>2-2-56</u> , 19....., to <u>2-1-56</u> , 19....., that I last saw the deceased alive on <u>2-1-</u> , 19 <u>56</u> , and that death occurred at <u>9:30 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>A.E. Mauer</u>				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>4 Feb 56</u>	
M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>FEB-6-1956</u>		NAME OF CEMETERY OR CREMATORY <u>BAYARD CEMETERY</u>		LOCATION (City, town, or county) <u>BAYARD WVA.</u>	
24. REC'D BY REGISTRAR <u>2/6/56</u>		REGISTRAR'S SIGNATURE <u>Julia G. Rowson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>OAKLAND MD</u>	
DATE							

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1815 CERTIFICATE OF DEATH

01801

166

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>GARRETT</u> <u>MD</u> <u>MARYLAND</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>RURAL GORMAN MD</u> LENGTH OF STAY (In this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>GARRETT</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>RURAL GORMAN MD.</u> X STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>HENRY</u> <u>ORAN</u> <u>MARTIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-17</u> <u>1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL-4-1880</u>
9. AGE last birthday <u>75</u> yrs.		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>RED HOUSE MD</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>CRISS MARTIN</u>		14. MOTHER'S MAIDEN NAME <u>LIZA ROTH</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS <u>MRS EMMA MARTIN GORMAN MD.</u>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>420.1 IMMEDIATE CAUSE (A) CORONARY HEART DISEASE,</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (M.) (P.)		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>SEPTEMBER, 19 1955</u> to <u>FEB-11</u> , 1956, that I last saw the deceased alive on <u>FEB-11</u> , 1956, and that death occurred at <u>10A</u> M., from the causes and on the date stated above. SIGNATURE <u>[Signature]</u> ADDRESS (Street, city, town, state) DATE SIGNED <u>FEB-18th 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		24. DATE THEREOF <u>FEB-20-1956</u>	
25. NAME OF CEMETERY OR CREMATORY <u>RED HOUSE CEMETERY</u>		26. LOCATION (City, town, or county) (State) <u>RED HOUSE MD</u>	
27. REG'D BY REGISTRAR <u>2/20/56</u>		28. REGISTRAR'S SIGNATURE <u>[Signature]</u>	
29. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		30. ADDRESS <u>Emory Bell OAKLAND MD.</u>	

161

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

1. NAME OF DECEASED

MARYLAND

STATE OF

CITY OF

ZIP CODE

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF BURIAL

NAME OF CREMATION

NAME OF CREMATOR

NAME OF CREMATION

NAME OF CREMATION

NAME OF CREMATION

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BUREAU V. S.

FEB 29 1956

RECEIVED

Handwritten signature

SHORTSHEET

1. NAME OF DECEASED
2. DATE OF DEATH
3. PLACE OF DEATH
4. CAUSE OF DEATH
5. MANNER OF DEATH
6. DATE OF INTERMENT
7. PLACE OF INTERMENT
8. NAME OF FUNERAL HOME
9. NAME OF MINISTER
10. NAME OF CLERGYMAN
11. NAME OF CHURCH
12. NAME OF CEMETERY
13. NAME OF BURIAL
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98. NAME OF CREMATION
99. NAME OF CREMATION
100. NAME OF CREMATION

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1816 CERTIFICATE OF DEATH

01802

9

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Finzel</u>		<u>Life</u>		TOWN <u>Finzel</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Mary May Metz</u>				<u>Feb. 26th, 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Married</u>	<u>Sept. 13th, 1889</u>	<u>66 yrs.</u>	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Housework</u>		<u>Own home</u>		<u>Maryland</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>John Finzel</u>				<u>Rachel Bolden</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		<u>None</u>		<u>Roy Metz, Finzel, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
171X IMMEDIATE CAUSE (A) <u>Carcinoma of Cervix - gals FV C</u>				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO (B) <u>metastasis all over body -</u>				<u>1 year -</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 1955</u> , to <u>Feb. 26, 1956</u> , that I last saw the deceased alive on <u>Feb. 26, 1956</u> , and that death occurred at <u>10:20 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>John B. Davis</u> , M.D.				ADDRESS (Street, city, town, state) <u>Frostburg, Md.</u>		DATE SIGNED <u>2/28/56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>2-29-1956</u>		<u>Finzel Cemetery</u>		<u>Finzel, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>2-29-56</u>		<u>Mr. Harvey A. Roe</u>		<u>Joseph R. Durst, Frostburg, Md.</u>			

01805
9

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 10

1916 CERTIFICATE OF DEATH

Dist. Ofc. No.

1. Usual Residence of Deceased

2. Name of Deceased

3. Name of Informant

4. Date of Death

5. Place of Death

6. Cause of Death

7. Date of Birth

8. Sex

9. Race

10. Occupation

11. Marital Status

12. Date of Death

13. Place of Death

14. Cause of Death

15. Date of Birth

16. Sex

17. Race

18. Date of Death

19. Place of Death

20. Cause of Death

21. Date of Birth

22. Sex

23. Race

24. Date of Death

25. Place of Death

26. Cause of Death

BUREAU V. B.

MAR 5 1956

RECEIVED

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1 INSTRUCTIONS TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1817 CERTIFICATE OF DEATH

01803

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Oakland</u>		<u>54 yrs.</u>		TOWN <u>Oakland</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett Co. Mem. Hospital</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Elizabeth Mitchell Naylor</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>February 10, 1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 13, 1901</u>	9. AGE last birthday <u>54</u> yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
				Months		Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edwin Mitchell</u>				14. MOTHER'S MAIDEN NAME <u>Olivia Button</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT & ADDRESS <u>S. T. Naylor Oakland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
175X IMMEDIATE CAUSE (A) <u>Carcinomatosis, primary in ovary</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>April '53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ovary</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>4/14</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/14</u> , 19 <u>53</u> , to <u>2/10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/10</u> , 19 <u>56</u> , and that death occurred at <u>10:00A</u> M., from the causes and on the date stated above.							
SIGNATURE <u>Joseph Alvarez M.D.</u>				DATE SIGNED <u>2/10/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/12/1956</u>		NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		LOCATION (City, town, or county) (State) <u>Oakland, Md.</u>	
24. REC'D BY REGISTRAR <u>2/12/1956</u>		REGISTRAR'S SIGNATURE <u>Julia A. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. R. Herbert</u>		ADDRESS <u>Oakland, Md.</u>	

CERTIFICATE OF DEATH

File No. 100

1. Name of deceased (Print or write full name)

2. Sex (Male or Female)

3. Date of birth (Month, Day, Year)

4. Place of birth (City, State, Country)

5. Usual residence (City, State, Country)

6. Date of death (Month, Day, Year)

7. Time of death (Hour, Minute)

8. Cause of death (List all causes, beginning with immediate cause)

9. Manner of death (Natural, Accidental, Suicide, Homicide, Undetermined)

10. Signature of attending physician (Print name and sign)

11. Signature of medical examiner (Print name and sign)

12. Signature of registrar (Print name and sign)

13. Signature of informant (Print name and sign)

14. Signature of funeral director (Print name and sign)

15. Signature of coroner (Print name and sign)

16. Signature of health officer (Print name and sign)

17. Signature of registrar (Print name and sign)

18. Signature of informant (Print name and sign)

19. Signature of funeral director (Print name and sign)

20. Signature of coroner (Print name and sign)

21. Signature of health officer (Print name and sign)

22. Signature of registrar (Print name and sign)

23. Signature of informant (Print name and sign)

24. Signature of funeral director (Print name and sign)

25. Signature of coroner (Print name and sign)

26. Signature of health officer (Print name and sign)

27. Signature of registrar (Print name and sign)

28. Signature of informant (Print name and sign)

1. Name of deceased (Print or write full name)

2. Sex (Male or Female)

3. Date of birth (Month, Day, Year)

4. Place of birth (City, State, Country)

5. Usual residence (City, State, Country)

6. Date of death (Month, Day, Year)

7. Time of death (Hour, Minute)

8. Cause of death (List all causes, beginning with immediate cause)

9. Manner of death (Natural, Accidental, Suicide, Homicide, Undetermined)

10. Signature of attending physician (Print name and sign)

11. Signature of medical examiner (Print name and sign)

12. Signature of registrar (Print name and sign)

13. Signature of informant (Print name and sign)

14. Signature of funeral director (Print name and sign)

15. Signature of coroner (Print name and sign)

16. Signature of health officer (Print name and sign)

17. Signature of registrar (Print name and sign)

18. Signature of informant (Print name and sign)

19. Signature of funeral director (Print name and sign)

20. Signature of coroner (Print name and sign)

21. Signature of health officer (Print name and sign)

22. Signature of registrar (Print name and sign)

23. Signature of informant (Print name and sign)

24. Signature of funeral director (Print name and sign)

25. Signature of coroner (Print name and sign)

26. Signature of health officer (Print name and sign)

27. Signature of registrar (Print name and sign)

28. Signature of informant (Print name and sign)

RECEIVED
FEB 29 1956
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1818
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04804
No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Deer Park LENGTH OF STAY (in this place) 42 yrs HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Deer Park STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED: (First) EDWARD (Middle) PAUGH (Last) PAUGH (Type or Print)				4. DATE OF DEATH February 15 19 56 (Month) (Day) (Year)			
5. SEX: Male		6. COLOR OR RACE: White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH: June 21, 1913	
9. AGE last birthday: 42 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Miner		10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines		11. BIRTHPLACE (State or foreign country): Deer Park, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME: Joseph H. Paugh			
14. MOTHER'S MAIDEN NAME: Eliza Augusta Paugh				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service)			
16. SOCIAL SECURITY No.: 230-10-1051				17. INFORMANT & ADDRESS: George Paugh, Deer Park, Md.			
18. MEDICAL CERTIFICATION 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 3531 Immediate cause (a) Grand mal Epilepsy DUE TO Antecedent cause(s) (b) giving rise to the above cause DUE TO stating underlying cause last (c) 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH					
21a. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21b. (City or town) (County) (State)		21c. HOW DID INJURY OCCUR?			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE Dr. J. Baumgardner		CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/>		DATE SIGNED 2/16/56			
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		M. D. ASSISTANT MEDICAL EXAM. 2/16/56					
23. BURIAL, CREMATION, REMOVAL (Specify): Burial		DATE THEREOF 2/18/56		NAME OF CEMETERY OR CREMATORY Paugh Cemetery		LOCATION (City, town, or county) (State) near Deer Park, Garrett Co. Md.	
DATE RECD BY LOCAL REG. 2/17/56		REGISTRAR'S SIGNATURE Julius A. Rowan		24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W. Va.			

101

BUREAU V. S.

MAR 7 1956

RECEIVED

2/1/56
J. Edgar Hoover
R.A.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1819 CERTIFICATE OF DEATH

Reg. Dist. No. 01805
166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
OR TOWN <u>Oakland</u>		<u>4 1/2</u> days		OR TOWN <u>Oakland</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>117 Second Street</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>Richard</u>		(Middle) <u>Edward</u>		(Last) <u>Plank</u>		<u>February 18</u> 19 <u>56</u>	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>February 13, 1956</u>		Months <u>4</u> Days	Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>Maryland</u>			
13. FATHER'S NAME <u>Arthur Richard Plank</u>				14. MOTHER'S MAIDEN NAME <u>Alice Susan Lohr</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>117 Second Street, Alice Susan Lohr, Oakland, Maryland</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
776X IMMEDIATE CAUSE (A) <u>Prematurity</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Since Birth</u>			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2/13</u> , 19 <u>56</u> , to <u>2/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2/18</u> , 19 <u>56</u> , and that death occurred at <u>8:15 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Thomas E. Lohr</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>2/18/56</u> (State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>Feb 19 1956</u>		NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>		LOCATION (City, town, or county) <u>Near Oakland Md</u>	
24. REG'D BY REGISTRAR <u>2/19/56</u>		REGISTRAR'S SIGNATURE <u>Julia A Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>OAKLAND MD</u>	

21 70241322

166

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, MD

1. NAME OF DECEASED

2. SEX

3. AGE

4. DATE OF BIRTH

5. PLACE OF BIRTH

6. OCCUPATION

7. CAUSE OF DEATH

8. PLACE OF DEATH

9. DATE OF DEATH

10. SIGNATURE OF PHYSICIAN

11. SIGNATURE OF REGISTRAR

12. SIGNATURE OF WITNESSES

13. SIGNATURE OF DECEASED

14. SIGNATURE OF NEXT OF KIN

15. SIGNATURE OF CLERGYMAN

16. SIGNATURE OF BURIAL OFFICIAL

17. SIGNATURE OF FUNERAL HOME

18. SIGNATURE OF CEMETERY

19. SIGNATURE OF INTERVIEWER

20. SIGNATURE OF INTERVIEWER

21. SIGNATURE OF INTERVIEWER

22. SIGNATURE OF INTERVIEWER

23. SIGNATURE OF INTERVIEWER

24. SIGNATURE OF INTERVIEWER

25. SIGNATURE OF INTERVIEWER

26. SIGNATURE OF INTERVIEWER

27. SIGNATURE OF INTERVIEWER

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47. SIGNATURE OF INTERVIEWER

48. SIGNATURE OF INTERVIEWER

49. SIGNATURE OF INTERVIEWER

50. SIGNATURE OF INTERVIEWER

51. SIGNATURE OF INTERVIEWER

52. SIGNATURE OF INTERVIEWER

53. SIGNATURE OF INTERVIEWER

54. SIGNATURE OF INTERVIEWER

55. SIGNATURE OF INTERVIEWER

56. SIGNATURE OF INTERVIEWER

57. SIGNATURE OF INTERVIEWER

BUREAU V. S.

FEB 29 1956

RECEIVED

John A. Brown

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1820

CERTIFICATE OF DEATH

01806

Reg. Dist. No. 163

1. PLACE OF DEATH COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Bloomington</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Bloomington</u> STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print) (First) <u>Charlotte</u> (Middle) <u>Agnes</u> (Last) <u>Potter</u>				4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>9</u> (Year) <u>1956</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 20. 1878</u>	9. AGE last birthday <u>77</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Richard Sisson</u>				14. MOTHER'S MAIDEN NAME <u>Charlotte Bell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>Mrs. Lester Barnard-Bloomington, Md.</u>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
420.1 IMMEDIATE CAUSE (A) <u>Coronary heart Disease,</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3yrs</u>	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.							
(C) <u>Cerebral Hemorrhage</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
<u>Epilepsy Grand mal</u>						<u>7yrs ago</u> <u>12 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> el work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 1955</u> , to <u>Feb. 9th 1956</u> , that I last saw the deceased alive on <u>Feb. 8th 1956</u> and that death occurred at <u>1:30 PM</u> from the causes and on the date stated above.							
SIGNATURE <u>[Signature]</u>		M.D. <u>[Signature]</u>		ADDRESS (Street, city, town, state) <u>[Signature]</u>		DATE SIGNED <u>7/10/56</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>2/10/56</u>		NAME OF CEMETERY OR CREMATORY <u>Jerusalem Cem</u>		LOCATION (City, town, or county) (State) <u>Emmertown, Va.</u>	
24. REC'D BY REGISTRAR DATE <u>2-10-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Westernport, Md.</u>	

CERTIFICATE OF DEATH

1956

REG. NO. 165

1. NAME OF DECEASED (Print or Write)

2. SEX (Male or Female)

3. AGE (Years and Months)

4. DATE OF BIRTH (Month, Day, Year)

5. PLACE OF BIRTH (City, State, Country)

6. OCCUPATION (Print or Write)

7. MARITAL STATUS (Single, Married, Widowed, Divorced)

8. DATE OF DEATH (Month, Day, Year)

9. PLACE OF DEATH (City, State, Country)

10. CAUSE OF DEATH (Print or Write)

11. MEDICAL ATTENDANCE (Print or Write)

12. SIGNATURE OF DECEASED (Print or Write)

13. SIGNATURE OF WITNESS (Print or Write)

14. SIGNATURE OF PHYSICIAN (Print or Write)

15. SIGNATURE OF CORONER (Print or Write)

16. SIGNATURE OF JURY (Print or Write)

17. SIGNATURE OF JUDGE (Print or Write)

18. SIGNATURE OF CLERK (Print or Write)

19. SIGNATURE OF REGISTRAR (Print or Write)

20. SIGNATURE OF DECEASED (Print or Write)

21. SIGNATURE OF WITNESS (Print or Write)

22. SIGNATURE OF PHYSICIAN (Print or Write)

23. SIGNATURE OF CORONER (Print or Write)

24. SIGNATURE OF JURY (Print or Write)

25. SIGNATURE OF JUDGE (Print or Write)

26. SIGNATURE OF CLERK (Print or Write)

27. SIGNATURE OF REGISTRAR (Print or Write)

28. SIGNATURE OF DECEASED (Print or Write)

29. SIGNATURE OF WITNESS (Print or Write)

30. SIGNATURE OF PHYSICIAN (Print or Write)

31. SIGNATURE OF CORONER (Print or Write)

32. SIGNATURE OF JURY (Print or Write)

33. SIGNATURE OF JUDGE (Print or Write)

34. SIGNATURE OF CLERK (Print or Write)

35. SIGNATURE OF REGISTRAR (Print or Write)

36. SIGNATURE OF DECEASED (Print or Write)

37. SIGNATURE OF WITNESS (Print or Write)

38. SIGNATURE OF PHYSICIAN (Print or Write)

39. SIGNATURE OF CORONER (Print or Write)

40. SIGNATURE OF JURY (Print or Write)

41. SIGNATURE OF JUDGE (Print or Write)

42. SIGNATURE OF CLERK (Print or Write)

43. SIGNATURE OF REGISTRAR (Print or Write)

BUREAU V. S.

FEB 14 1956

RECEIVED

15-52 100-100000

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01807

1821 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Oakland</u>		<u>5 Yrs.</u>		TOWN <u>Rural</u> <u>Oakland</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Cuppett Nursing Home</u>				STREET ADDRESS (If rural give location) <u>Route #2 Oakland, Md.</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Almedia Gauer Reed</u>				<u>Feb. 10, 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>Aug. 8, 1868</u>	<u>87</u>	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>House Wife</u>		<u>Own Home</u>		<u>Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME <u>George H. Gauer</u>				14. MOTHER'S MAIDEN NAME <u>Rachel Sell</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT & ADDRESS <u>George Coddington - Oakland, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) <u>794X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
ANTECEDENT CAUSE(S) DUE TO (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 10, 1956</u> , to <u>Feb. 10, 1956</u> , that I last saw the deceased alive on <u>Feb. 10, 1956</u> , and that death occurred at <u>9:15P</u> M, from the causes and on the date stated above.							
SIGNATURE <u>Arthur T. Jones</u>				ADDRESS (Street, city, town, state) <u>Oakland Md</u>		DATE SIGNED <u>2-13-56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2/13/1956</u>		NAME OF CEMETERY OR CREMATORY <u>Red House Church Cem.</u>		LOCATION (City, town, or county) <u>Garrett Co., Md.</u>	
24. REC'D BY REGISTRAR <u>2/13/1956</u>		REGISTRAR'S SIGNATURE <u>Julia C. Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert C. Leighton</u>		ADDRESS <u>Oakland, Md.</u>	

BUREAU V. F.

FEB 29 1956

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1822 CERTIFICATE OF DEATH

01808/66

Reg. Dist. No.

Item 9, FilmG193 3-6-56 et

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY GARRETT	MD MARYLAND	STATE MD	COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN RURAL OAKLAND PT.		TOWN RURAL OAKLAND MD RE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) ANNA (Middle) A (Last) SINES		(Month) FEB (Day) -13 (Year) 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
FEMALE	WHITE	MARRIED	MAY-27-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)
HOUSEWIFE			UNIONTOWN, PA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ABRAHAM MEEKS		CORNELIA SINES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
			WALTER SINES OAKLAND MD RE-1
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
420.0 IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION			Immediate
ANTECEDENT CAUSE(S) DUE TO (B) SCIENTIFIC HEART DISEASE			Yes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from VINE , 19 53 , to Oct , 19 55 , that I last saw the deceased alive on Oct 14 , 19 55 , and that death occurred at 8 A.M. from the causes and on the date stated above.			
SIGNATURE Jan N. Smith Jr.		DATE SIGNED 58 2-14-56	
ADDRESS (Street, city, town, state)			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	
BURIAL		FEB-15-1956	
NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BRAY CEMETERY		NEAR OAKLAND MD.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
2/15/56 Julia A. Rowan		Emory Bolden	
ADDRESS		ADDRESS	
		OAKLAND MD.	

1903 CERTIFICATE OF DEATH

166

1. NAME OF DECEASED

DATE

AGE

SEX

RACE

EDUCATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF BURIAL

NAME OF CREMATION

NAME OF INCINERATION

NAME OF DISSECTION

NAME OF ANATOMY

NAME OF PATHOLOGY

NAME OF MEDICAL EXAMINATION

NAME OF MEDICAL CERTIFICATION

NAME OF MEDICAL RECORD

NAME OF MEDICAL HISTORY

NAME OF MEDICAL TREATMENT

NAME OF MEDICAL SURGERY

NAME OF MEDICAL DISEASE

NAME OF MEDICAL SYMPTOM

NAME OF MEDICAL SIGNS

NAME OF MEDICAL TESTS

NAME OF MEDICAL RESULTS

NAME OF MEDICAL CONCLUSIONS

NAME OF MEDICAL RECOMMENDATIONS

NAME OF MEDICAL PREVENTION

NAME OF MEDICAL PROPHYLAXIS

NAME OF MEDICAL VACCINATION

NAME OF MEDICAL QUARANTINE

NAME OF MEDICAL ISOLATION

NAME OF MEDICAL OBSERVATION

NAME OF MEDICAL RECORDING

NAME OF MEDICAL MONITORING

NAME OF MEDICAL EVALUATION

NAME OF MEDICAL ASSESSMENT

BUREAU V. S.

FEB 29 1956

RECEIVED

2/2/56

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01809

1823 **CERTIFICATE OF DEATH**

Item 2, Film G192 2-20-56 et

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Rural.</u>		LENGTH OF STAY (in this place) <u>84 yrs</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR <u>Addison, Pa., RD. Bowers Ridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location) <u>District # 5</u>			
3. NAME OF DECEASED (Type or Print) <u>Isaac</u> (First) <u>Turney.</u> (Last)				4. DATE OF DEATH (Month) <u>2</u> (Day) <u>9</u> (Year) <u>1956.</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-6-1872.</u>	9. AGE last birthday <u>84</u> yrs.	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoemaker.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Garrett Co, Maryland.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Joseph Turney.</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Hileman.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>NO</u> (If Yes, give war or detas of service)		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT & ADDRESS <u>Ralph Beaver Addison, Pa. RD</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
<u>420.0</u> IMMEDIATE CAUSE (A) <u>Acute pulmonary edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 weeks</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis heart disease</u>				<u>20 years</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Generalized arteriosclerosis</u>				<u>20 years</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Jan 30, 1955</u> to <u>Feb 9, 1956</u> , that I last saw the deceased alive on <u>Feb 7, 1956</u> , and that death occurred at <u>8:30 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>A. Paige Strong</u> M.D.				ADDRESS (Street, city, town, state) <u>Salisbury, Pa.</u>		DATE SIGNED <u>2/10/56</u> (State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>2-12-56.</u>		NAME OF CEMETERY OR CREMATORY <u>Hetz Cemetery.</u>		LOCATION (City, town, or county) (State) <u>Garrett Co, Maryland.</u>	
24. REC'D BY REGISTRAR <u>Feb. 11, 1956</u> DATE		REGISTRAR'S SIGNATURE <u>Mrs Ruth Frantz Dep.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Risherberger, Addison, Pa</u>			

CERTIFICATE OF DEATH

File No.

IN WHICH RESIDENCE HOME OR DETACHED

DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

INTERMEDIATE CAUSE

FINAL CAUSE

PREVIOUS DISEASES

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS INJURY

PREVIOUS ILLNESS

PREVIOUS TREATMENT

PREVIOUS MEDICATION

PREVIOUS LABORATORY

PREVIOUS X-RAY

PREVIOUS PATHOLOGY

PREVIOUS ANATOMY

PREVIOUS PHYSIOLOGY

PREVIOUS BIOCHEMISTRY

PREVIOUS IMMUNOLOGY

PREVIOUS MICROBIOLOGY

PREVIOUS PARASITOLOGY

PREVIOUS PHARMACOLOGY

PREVIOUS TOXICOLOGY

PREVIOUS RADIOLOGY

PREVIOUS ELECTROPHYSIOLOGY

PREVIOUS NEUROLOGY

PREVIOUS PSYCHIATRY

PREVIOUS PEDIATRICS

PREVIOUS OBSTETRICS

PREVIOUS GYNECOLOGY

PREVIOUS UROLOGY

PREVIOUS OTOLARYNGOLOGY

PREVIOUS OPHTHALMOLOGY

PREVIOUS DERMATOLOGY

PREVIOUS RADIOLOGY

PREVIOUS RADIOLOGY

BUREAU V. S.

FEB 15 1952

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1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

018110

1824

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>OAKLAND</u>				TOWN <u>OAKLAND</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT CO. MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>18 THIRD STREET</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>ANNIE GRACE WELLING</u>				<u>FEBRUARY 7, 1956</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>FEMALE</u>	<u>WHITE</u>	<u>MARRIED</u>	<u>JULY 1, 1881</u>	<u>74</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>HOUSEWIFE</u>				<u>MARYLAND</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>CLOSE, JOHN</u>				<u>BECKMAN, MARY ELIZABETH</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>HUSELARD, GEORGE WELLING, 18 THIRD ST., OAKLAND</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
<u>592X</u> IMMEDIATE CAUSE (A) <u>Chronic Glomerular Nephritis</u>						<u>3 yr</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Chronic Heart Failure</u>						<u>10 yr</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						<u>50 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?		
			While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>Nov</u>, 19<u>43</u>, to <u>Feb</u>, 19<u>56</u>, that I last saw the deceased alive on <u>Feb 6</u>, 19<u>55</u>, and that death occurred at <u>3:54 A.M.</u> from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>J. J. Bauman for her</u>				<u>2040 St. Oakland Md</u>		<u>2/7/56</u>	
M.D.							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>BURIAL</u>		<u>FEB-9-1956</u>		<u>OAKLAND CEMETERY</u>		<u>OAKLAND</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>2/9/56</u>		<u>Julia C. Rowan, P.R.</u>		<u>Emory Bolden</u>		<u>OAKLAND MD.</u>	

1954 CERTIFICATE OF DEATH

Form No. 10

1. USUAL RESIDENCE (HOUSE OR OCCUPANCY)

DATE

PLACE OF DEATH

2. PLACE OF DEATH

3. COUNTY

4. CITY

5. STREET

6. APARTMENT NO.

7. NAME OF DECEASED

8. SEX

9. AGE

10. MARITAL STATUS

11. OCCUPATION

12. CAUSE OF DEATH

13. MANNER OF DEATH

14. SIGNATURE OF DECEASED

15. SIGNATURE OF WITNESSES

16. SIGNATURE OF PHYSICIAN

17. SIGNATURE OF CLERK

18. SIGNATURE OF JUDGE

19. SIGNATURE OF SHERIFF

20. SIGNATURE OF CORONER

21. SIGNATURE OF DISTRICT ATTORNEY

22. SIGNATURE OF COUNTY CLERK

23. SIGNATURE OF TOWNSHIP CLERK

24. SIGNATURE OF VILLAGE CLERK

25. SIGNATURE OF CITY CLERK

26. SIGNATURE OF STATE CLERK

27. SIGNATURE OF FEDERAL CLERK

28. SIGNATURE OF POSTAL CLERK

29. SIGNATURE OF AIR MAIL CLERK

30. SIGNATURE OF TELEGRAPH CLERK

BUREAU V. S.

FEB 16 1956

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